

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | [Automated system and method for providing accurate, non-invasive insurance status verification] | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|-------------|-------------|-------------|--------------------|------------------|-----|------|--|---|------------------------|---|------|----|----|---------------------------|--|------|-----|-----|--|--|--|--|--|
| Application Number : Date : First Named Applicant: Dr. Jonathan K. Miller Attorney Docket Number: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 616 Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 5</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>43</td><td>86</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 231</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 5 | 0 | 2202 | 9 | 0 | Independent Claims : 5 | 2 | 2201 | 43 | 86 | Multiple Dependent Claims | | 2203 | 145 | 145 | Subtotal For Extra Claims Fees: \$ 231 | | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims : 5 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 5 | 2 | 2201 | 43 | 86 | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | | 2203 | 145 | 145 | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 231 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Credit account number: 9439 Expiration Date (YYYYMMDD): 2007-09-30 Authorized name: Kenneth Miller Billing address: 30013 | | | | | | | | | | | | | | | | | | | | | | | | | | |